

Second National Policy Academy on Co-occurring
Substance Abuse and Mental Disorders Action Plan for the

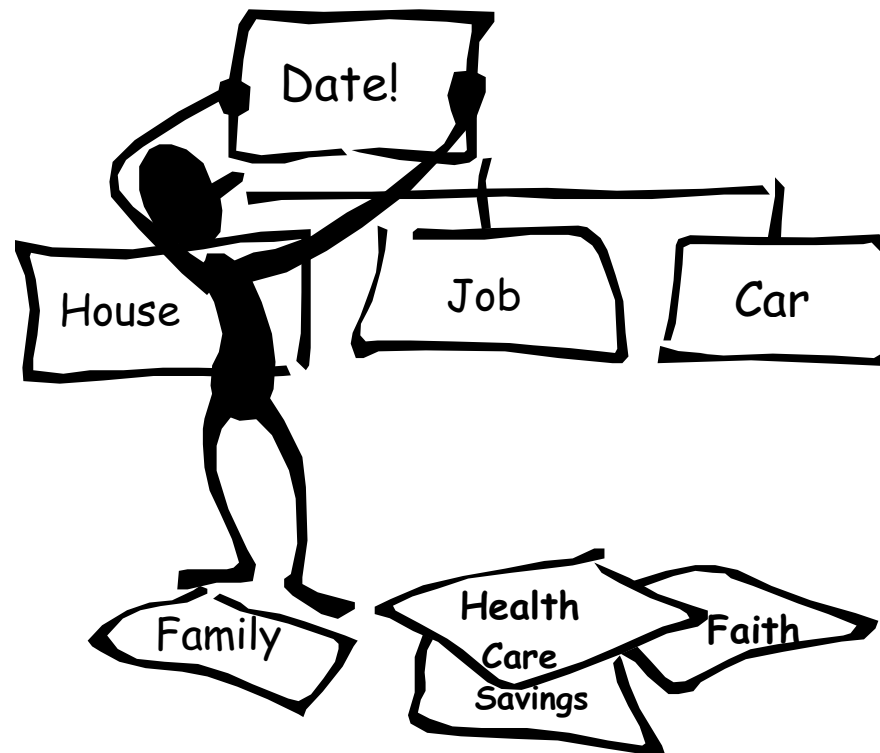


Great State of Oklahoma

Vision Statement:

***A Healthy Oklahoma:
All people with or at risk for
co-occurring disorders have access to a recovery-oriented,
consumer-driven system of care.***

The Oklahoma Integrated Services Initiative Expected Outcome



We embrace Recovery-Oriented, Consumer-Driven, Trauma-Informed, And Culturally Competent Systems Transformation.

Action Plan For State

PRIORITY ONE: Who is going to be the driver? (Create an integrated system of care across all systems)						
Strategy(-ies)	Action(s)	Manager¹	Implementer²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1- Establish an organizational structure to maintain and implement planning activities/policy.	Action 1.1.1- Appointing Todd Crawford as lead.	Rand Baker, Ben Brown, Dr. Terry Cline	Oklahoma Department of Mental health and Substance Abuse Services (ODMHSAS) State Leadership	ID a “Driver” to spearhead the overall process.	Todd appointed by 2/17/05.	March 1, 2005
	Action 1.1.2- Identify overlapping initiatives with which to coordinate and to begin coordination.	Todd Crawford	Todd Crawford	Clear coordination of time and other resources with multiple current initiatives to stream line this process.	Initiatives identified by 3/15/05.	March 31, 2005
	Action 1.1.3- Evaluate administrative staff resources and adjust as needed.	Rand Baker, Ben Brown, Julie Young	ODMHSAS State Leadership, Todd Crawford	Allow for adequate time, manpower and other resources to support all initiatives including this process.	Leadership to adjust and assign roles by July 1, 2005.	July 1, 2005
Strategy 1.2- Convene Co-Occurring State Infrastructure Grant (COSIG) Advisory Group with representatives from the *Partnership for Children’s Behavioral Health (PCBH), the *Recovery Collaborative (RC) and others to be identified creating the Integrated Services Initiative (ISI). ODMHSAS will also add one or more key members form CSAP’s State Incentive Advisory Council.	Action 1.2.1- Educate current initiative groups (*) on COSIG and Policy Academy goals.	Todd Crawford	Rand Baker, Ben Brown, Julie Young	To inform and develop consensus to the need of a process for integration of services for persons with co-occurring conditions.	Todd to address each group and provide education by March 30, 2005.	March 31, 2005
	Action 1.2.2- Identify members for inclusion and develop the Integrated Services Initiative Advisory Group (ISIAG).	Todd Crawford	Rand Baker, Ben Brown, Julie Young	Ensures adequate representation from a cross section of partners with a stake in this process.	ISIAG to convene with new member representatives of the other initiatives.	March 31, 2005

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
<ul style="list-style-type: none"> -Lead person (Todd Crawford) has been named. -The Driver Initiative has been formed. The COSIG Advisory Group has had new members assigned from other initiative, creating the Integrated Services Initiative (ISI). -A subcommittee has been developed through the ISI to focus on systems integration. 	<ul style="list-style-type: none"> -None at this time. 	<ul style="list-style-type: none"> -Once the group is fully developed, begin to feed information, goals and objectives through for further development.

PRIORITY TWO: Who will ODMHSAS serve? (Ensure individuals with or at risk for co-occurring disorders have access to integrated care)						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1- Define ODMHSAS eligibility criteria based on availability of resources.	Action 2.1.1- Evaluate the possibility of eliminating “means test”.	Ben Brown	ODMHSAS State Leadership	The removal of “economic eligibility” criteria will open up service provision to all who seek it.	Contingent on the findings of the Pathways to Recovery Grant pilot findings.	July 1, 2005
	Action 2.1.2- Evaluate the possibility of eliminating “severity test”.	Rand Baker	ODMHSAS State Leadership	The removal of “severity of diagnosis” as a priority for receiving services will open up the opportunity for intervention in early stages of struggles.	Contingent on additional funding to be determined in June 2005.	July 1, 2005
	Action 2.1.3- Develop a single eligibility document to be used by all DMHSAS providers.	Todd Crawford	ODMHSAS State Leadership	Provides a common eligibility document across all providers streamlining the admission and medical necessity criteria.	A common eligibility document will be adopted by State Leadership.	July 1, 2006
Strategy 2.2- Develop, implement (test) and evaluate a standard protocol for screening and assessment in the ODMHSAS system of care.	Action 2.2.1- Complete current planning and development on standardized screening protocol and tool(s) with input from national COSIG work in this area.	Todd Crawford, Jacki Millspaugh	Integrated Services Initiative Advisory Group (ISIAG), Cherry	Promotes a standardized approach to screening for Co-Occurring Disorders (COD) and utilizes a “no wrong door” approach.	Standardized screening protocol and tools to be adopted by Leadership by July 1, 2005.	July 1, 2005
	Action 2.2.2- Pilot (test) protocol and screening tool(s).	LD Barney	ISI Model Programs, ISIAG, Cherry	Implementation and evaluation of the screening process and tools will hone an effective, person- first process.	Begin implementation by December 1, 2005 in ISI Model Programs.	December 20, 2005

	Action 2.2.3- Complete current planning and development on standardized assessment protocol and tool(s).	Todd Crawford, Jacki Millspaugh	ISIAG, Cherry	Promotes a standardized approach to assessment for COD that is effective, person-first.	Standardized assessment protocol and tools to be adopted by leadership October 10, 2005.	October 31, 2005
	Action 2.2.4- Pilot (test) protocol and assessment tool(s).	LD Barney	ISI Model Programs, ISIAG, Cherry	Implementation and evaluation of the assessment process and tools will hone an effective, person- first process.	Begin implementation by December 1, 2005 in ISI Model Programs.	December 20, 2005
Strategy 2.3- Engage other behavioral health and non-behavioral health provider systems to embrace ISI objectives.	Action 2.3.1- Develop a plan to inform key stakeholders, people in recovery, agencies, departments, tribes and advocacy organizations about our state plan and the cost of untreated/under-treated COD issues.	Todd Crawford	ODMHSAS State Leadership, ISIAG, Cherry	Provides for an ongoing and continuous feed-back loop concerning this and all other initiatives that support integrated services.	This links with Co-Occurring Training Academy to be developed and implemented by January 15, 2006.	January 15, 2006
	Action 2.3.2- Promote and continue the development of the PCBH and the Recovery Collaborative initiatives and integrate with ISI.	Todd Crawford	ISIAG	Promotes continued collaboration and education among the initiatives that will foster the strengthening of each initiative.	The ISIAG will be developed by March 31, 2005.	March 31, 2005 and ongoing.
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		
<ul style="list-style-type: none"> - Existing workgroups have been folded into the ISI to coordinate the development of standardized screening and assessment protocols and tools. - Model treatment programs have been selected for training and implementation (Norman, Tulsa and Vinita). - ODMHSAS received the Pathways to Recovery Grant from Robert Wood Johnson Foundation (RWJ) to explore issues related to access and retention within the substance abuse service system. 		- Funding allocations.		<ul style="list-style-type: none"> - Training personnel have been identified. A training plan is in development. Technical assistance (TA) may be required for this action. - Hiring new staff in the ODMHSAS Human Resource Development (HRD) Team. 		

PRIORITY THREE: How will ODMHSAS accomplish it? (Ensure integrated care is grounded in an evidenced-based, consumer-driven, cultural sensitive, recovery-oriented approach and is supported and sustained throughout all systems)						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1- Ensure administrative policy and practices promote integrated services.	Action 3.1.1- Review current policy/rule/certification process as related to COD.	Todd Crawford	Mental Health (MH), Substance Abuse Services including Prevention (SAS), Domestic Violence/Sexual Assault (DV/SA), Provider Certification., Legal, Integrated Client Information System (ICIS), Decision Support Services (DSS), Contracts, Performance Improvements (PI) reps.	Identifies where ODMHSAS policies and processes differ and are similar in language, content, context and direction.	Areas of change are identified to support COD by December 1, 2005.	January 10, 2006
	Action 3.1.2- Develop contracts/policies/rules/certification processes to ensure COD focus.	Todd Crawford	MH, SAS, DV/SA, Provider Cert., Legal, ICIS, DSS, Contract, PI reps.	Create similar language, content and context, while providing direction to ensure persons with COD receive integrated care.	Adjustments are made in policies/rules/ contracts and certification that support COD by February 15, 2006.	June 30, 2006
	Action 3.1.3- Market systems transformation to providers, legislature, ODMHSAS Board, etc.	Todd Crawford	MH, SAS, DV/SA, Provider Cert., Legal, ICIS, DSS, Contract, PR reps.	All stakeholders are educated to the transformation process and consensus is gained.	Revisions made to contracts, rules, policies and certification have been approved by all responsible parties by January 1, 2006.	January 10, 2006 and ongoing

Strategy 3.2- Develop and sustain a competent and healthy workforce (need to address cultural competency and the population needing services).	Action 3.2.1- Develop and implement systemized COD training academy that is inclusive of mental health, substance abuse (including prevention) and trauma-informed opportunities. (COSIG/Real Choice/Cross Training Initiative).	Khepra Khem, Todd Crawford	ISIAG, ODMHSAS State Leadership, Melody Riefer, New HRD staff	A structured and standardized format for training is in place that will focus on administrative personnel, clinical and other front-line personnel, persons receiving services and other stakeholders.	The Training Academy for COD will be in place by January 15, 2006.	October 31, 2005 and ongoing
	Action 3.2.2- Partner with higher education for inclusion of COD curriculum.	Todd Crawford	ISIAG, ODMHSAS State Leadership	Partnerships are established between ODMHSAS and higher education to ensure CODs are represented within educational curriculums.	A plan for development of said relationships will be in place by June, 2006.	July 15, 2007
	Action 3.2.3- Promote Licensure/Credentialing processes in support of COD.	Todd Crawford	ISIAG, ODMHSAS State Leadership, State Licensing Boards (LPC, LCADC, LCSW, LMFT, LBP)	Competencies and/or Scope of Practice are in place, which guide providers and individual practitioners in the delivery of COD services.	Plan will be in place for model programs by October 1, 2005.	October 1, 2006
	Action 3.2.4- Develop incentives for COD professional development.	Todd Crawford	ISIAG, ODMHSAS State Leadership, Melody Riefer	Incentives exist which foster further professional development in the area of COD for providers and individual practitioners.	Incentives will be developed by June 1, 2006.	October 1, 2006

	Action 3.2.5- Develop consultative, collaborative and fully integrated relations across providers (MH, SAS and DV/SA).	Todd Crawford	ISIAG, Melody Riefer	A Memorandum of Understanding will be established among providers, which defines a broad, inclusive, integrated system of care where each provider demonstrates competency in being a consultative, collaborative and/or fully integrated provider.	Model programs will have these established by October 1, 2005.	October 1, 2006
	Action 3.2.6- Develop a training plan and coordinate a professional development plan that is consistent with the ODMHSAS staff training plan.	Khepra Khem, Todd Crawford	ISIAG, ODMHSAS State Leadership, Melody Riefer	A Co-Occurring Training Academy will be available for addressing COD (MH, SAS and trauma-informed) training issues for administrative personnel, clinical and other front-line personnel, persons receiving services and other stakeholders including tribes.	Plan will be in place by October 1, 2005 for model programs.	October 1, 2006
	Action 3.2.7- Develop and promote partnerships with tribal entities and coordinate activities to ensure diversity and culturally sensitive care is available.	Todd Crawford	ISIAG, ODMHSAS State Leadership	Coordinated care is occurring between tribal entities and ODMHSAS system of care that embraces diversity and demonstrates culturally sensitive services.	A partnership agreement is in place allowing coordinated planning and partnerships to exist between ODMHSAS and tribal entities.	October 1, 2006

Strategy 3.3- Identify and implement (test) a recovery-focused service model	Action 3.3.1- Ensure services are consumer driven (choice!).	Melody Riefer, Todd Crawford	ISIAG, ODMHSAS State Leadership Team	Choice is provided and promoted in all areas of service delivery and partnerships are forged among persons served and service providers.	Model programs will have a plan in place by October 1, 2005.	October 1, 2006
	Action 3.3.2- Implement linkage and continuous assessment.	Melody Riefer, Todd Crawford	ISIAG, ODMHSAS State Leadership, DSS, Information Systems (IS)	A system of care is established in which linkage and sharing of information within and outside of the system of care follows State and Federal regulations, is easy to navigate, and provides no barriers in terms of access and retention.	Plan will be in place by October 1, 2006 for model programs.	October 1, 2007
	Action 3.3.3- Identify and implement evidence-based/consensus based models as appropriate.	Melody Riefer, Todd Crawford	ISIAG, ODMHSAS State Leadership	All services delivered are directly linked with accepted research-based/consensus-based models that have been approved for use.	Plan will be in place for model programs by December 1, 2005.	October 1, 2007
	Action 3.3.4- Identify and implement culturally diverse and culturally sensitive models of care to include gender, race, socioeconomic status, faith, geographic representation, etc.	Todd Crawford	ISIAG, ODMHSAS State Leadership	Services are grounded in and embrace the values for the inclusion of diverse populations and culturally sensitive care.	Plan for model programs will be in place by October 1, 2006.	October 1, 2007

	Action 3.3.5- Utilize Recovery/Peer Services: Double Trouble in Recovery (DTR), Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and others.	Melody Riefer, Todd Crawford, State Contractor	ISIAG	Services exist and are supported by ODMHSAS within and outside of the system of care which are provided by persons in recovery through Peer Recovery Support, DTR, AA, NA, etc.	Plan will be in place for model programs by October 1, 2006.	October 1, 2007
	Action 3.3.6- Build Recovery/Exit doors. “Let my people go”.	Melody Riefer, Todd Crawford	ISIAG,ODMHSAS State Leadership	Recovery as defined by the person receiving services is the desired outcome. Opportunities for interdependence exist at all stages of service provision.	Plan will be in place for model programs by October 1, 2006.	October 1, 2007
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		
<ul style="list-style-type: none"> -The Co-occurring Training Specialist is creating a Co-occurring Training Academy outline for leadership review by March 30, 2005. -Integrated Strengths-based case management has Training-of-Trainers (TOT) scheduled for April, 2005. -DTR training for model treatment programs is currently being scheduled. -A new CTI Proposal for FY 06 has been developed to assist with the creation of a trauma-informed system of care. -A contract has been put in place with ZiaLogic to consult with Oklahoma on systems integration. -A subcommittee has been developed through the ISI to focus on workforce development and licensing/credentialing. 		<ul style="list-style-type: none"> -Involving and informing thirty-nine (39) Native American Tribes. 		<ul style="list-style-type: none"> -TA needs in the areas of Workforce Development and Licensure/Credentialing. -TA needs for the development of diverse and culturally sensitive care. -TA needs for developing partnerships with tribal entities. -TA needs for integrating prevention effectively within this structure. 		

PRIORITY FOUR: How will ODMHSAS pay for it? (Integrated care will be supported through flexible funding streams)						
Strategy(-ies)	Action(s)	Manager¹	Implementer²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1- Conduct a comprehensive funding analysis.	Action 4.1.1- Conduct a utilization review across funding streams.	Jennifer Glover	Melissa Lange, Ben Brown, Rand Baker, Julie Young, Steve Davis	Identifies what, how and where current funding is being utilized.	Analysis of current funding is complete with a plan to State Leadership by September 30, 2005.	October 31, 2005
	Action 4.1.2- Determine future funding plan.	Jennifer Glover, Todd Crawford	Melissa Lange, Ben Brown, Rand Baker, Julie Young, ISIAG	Supports services that allow for integrated care for persons with COD.	A plan for possible future funding to State Leadership not depending on new funding by August 1, 2006.	October 31, 2006
Strategy 4.2- Conduct a comprehensive data analysis.	Action 4.2.1- Determine current baseline of COD participants.	Todd Crawford, Steve Davis	DSS and ICIS reps	Provides a “starting point” to answer the question “who are we going to serve?”	An accurate number of persons with COD currently in our system of care by January 31, 2006.	January 31, 2006
	Action 4.2.2- Review data collection process.	Todd Crawford, Steve Davis	DSS and ICIS reps	Promotes a streamlined data collection method that appropriately captures information from person with COD across the service system.	A report to State Leadership on appropriate data collection and synthesis for persons with COD by January 31, 2006.	January 31, 2006
Strategy 4.3- Examine and revise the contracting process.	Action 4.3.1- Review entire application process including the Statement of Work.	Todd Crawford	SAS, MH, DV/SA, Contract reps	Highlights the positive and not so positive aspects of the individual divisions application process.	An accurate picture of current contracting policies and procedures by July 15, 2006.	July 15, 2006

	Action 4.3.2- Develop a single application process.	Todd Crawford	SAS, MH, DV/SA, Contract reps, ISIAG	Strengthens and streamlines the overall application process across the service system.	A plan for a single application process across Department Divisions to Leadership by November 30, 2006.	January 31, 2006
	Action 4.3.3- Determine how funding is distributed.	Todd Crawford	SAS, MH, DV/SA reps	Provides insight and structure into where, what and how monies will be distributed.	A plan to State Leadership with clear recommendation on how funding should be distributed by January 1, 2006.	February 28, 2006
	Action 4.3.4- Revise and issue contracts.	Todd Crawford	SAS, MH, DV/SA, Contract reps	A structured and simplified process will be implemented, utilized, and evaluated.	An accepted method is in place and is being utilized by March, 2006.	March-June, 2006
Strategy 4.4- Review current funding streams to establish braided funding.	Action 4.4.1- Determine current spending for ODMHSAS and Medicaid.	Ron Garner, Jennifer Glover	Melissa Lange, Ben Brown, Rand Baker, Julie Young	Develop a clear picture of spending across ODMHSAS.	Current spending patterns are clearly understood in regards to ODMHSAS dollars and Medicaid dollars by October 31, 2005.	October 31, 2005
	Action 4.4.2- Identify unencumbered dollar amounts.	Ron Garner, Jennifer Glover, Todd Crawford	Melissa Lange, Ben Brown, Rand Baker, Julie Young	Understand areas in which dollars are going unspent, inefficiently spent and/or areas where services are being duplicated.	Unencumbered dollars and inefficiently dollars are clearly identified by October 31, 2005.	October 31, 2005

	Action 4.4.3- Evaluate possible reallocation potential.	Ron Garner, Jennifer Glover, Todd Crawford	Melissa Lange, Ben Brown, Rand Baker, Julie Young	Allocate funding through streams that are flexible and allow for the easy delivery of services for persons with COD.	A report to State Leadership will be created which offers possible solutions to allocation of funds in a flexible manner for COD by October 31, 2005.	October 31, 2005
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		
-A subcommittee of the ISI has been developed to focus on finance issues.				-TA needs in the area of financing options.		

PRIORITY FIVE: What is the outcome? Is it working? (Recovery-oriented outcomes assist in identifying what is working and provide evidence as to how the system of care can be adjusted on an ongoing basis)						
Strategy(-ies)	Action(s)	Manager¹	Implementer²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1- Develop and determine data needs.	Action 5.1.1- With broad stakeholder input, identify relevant GPRA, SAMHSA, NOM, ISI, URS, ICIS, PI and other measures, including epidemiological data and risk/protective factors, and reporting needs.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes Andrew Cherry	Comprehensive list of measures and reporting needs including performance measures and outcomes.	Regular meetings to receive stakeholder input including assessing actions of other states that are working to integrate services (being mindful of the other state and national initiatives).	July 31, 2005
	Action 5.1.2- Compare data needs to current reporting, identify gaps and review for data quality.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes Andrew Cherry	List of data collected, but not useful and data not currently collected, but necessary to determine the effectiveness of treatment under the new ISI model.	Development of a list of data elements currently collected compared to the reporting and evaluation needs.	August 31, 2005
	Action 5.1.3- With providers, IS, DSS, ISI project staff and national TA, identify technology and assistance needs.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes Andrew Cherry	List all technology and assistance needs and plan to address them.	Assess current system technology and determine needs and improvement areas, especially in light of possible new data collection needs.	September 30, 2005

	Action 5.1.4- With providers, IS, DSS, ISI project staff, national TA, develop and implement data collection software changes and training on data collection process.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes	Data collection system revisions will be implemented and ODMHSAS staff and providers will be trained to enter data.	Identify changes needed in data collection. Make the ICIS changes. Begin training on changes.	April 1, 2006
	Action 5.1.5- Collect, compile, summarize and report data to ISI project staff, providers, and national project staff.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes Andrew Cherry	Feedback reports and presentations are produced for ODMHSAS staff, national project staff and stakeholders.	New data fields in ICIS will be reported by providers and analyzed for feedback to stakeholders.	October 31, 2006
	Action 5.1.6- Review data for quality.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes New PI staff Provider staff	Reports that reflect accurate and consistent reporting of data by providers.	Identification of training needs, data system coordination, implementation of provider education and reporting protocols established.	October 31, 2006
	Action 5.1.7- Analyze data over time and evaluate processes and outcomes of ISI.	Steve Davis	Tracy Leeper Mark Reynolds David Wright Krista Rhodes	Feedback reports and presentations are produced for ODMHSAS staff, national project staff and stakeholders.	Reports and presentations are made.	October 31, 2007
Strategy 5.2- Use the Performance Improvement (PI) process to design, measure, assess and improve “an Outcome” related to ISI goals/objectives.	Action 5.2.1- With stakeholders and ODMHSAS staff (DSS, ISI project staff, PI) select area, from data designated for collection, to target for improvement. Facilitate participation of providers and ODMHSAS staff in using steps of the PI process.	Jan Savage, Todd Crawford	New PI staff, SAS staff, MH staff, DSS staff, provider staff	PI report on the PI project showing baseline and outcome measures, improvement strategies, and evaluation regarding selected process or outcome.	Reports and presentations are made. Goal – measurable improvement in a selected process or outcome regarding integrating systems of care.	September 30, 2008

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
<ul style="list-style-type: none"> -DSS and SAS programs have initiated weekly meeting to explore data needs for person with COD. -A new data analyst, Krista Rhodes, has been hired, to focus on COD. -The hiring process has begun to employ a PI position to focus on COD. - A subcommittee has been developed through the ISI to focus on outcomes/evaluation. 		<ul style="list-style-type: none"> -Technical assistance is necessary for building a culture of continuous performance improvement.